

# A.D. RUNDLE MIDDLE STUDENT INFORMATION VERIFICATION FORM

**Please complete this form & update any information as required**

<b>STUDENT INFORMATION:</b>	
<b>PREFERRED Last Name:</b> _____ <b>PREFERRED First Name:</b> _____ <b>PREFERRED Middle Name:</b> _____ <b>HOME PHONE:</b> _____ <b>HOME ADDRESS:</b> _____ <b>POSTAL CODE:</b> _____	<b>LEGAL Last Name:</b> _____ <b>LEGAL First Name:</b> _____ <b>LEGAL Middle Name:</b> _____ <b>GRADE &amp; CORE:</b> _____ <b>MAILING ADDRESS:</b> _____ <i>(If different from Home)</i> <b>POSTAL CODE:</b> _____
<b>PARENT/GUARDIAN INFORMATION:</b>	
<b>PARENT/GUARDIAN:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Guardian <i>(Please explain):</i> _____	<b>PARENT/GUARDIAN:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Guardian <i>(Please explain):</i> _____
<b>LAST NAME:</b> _____ <b>FIRST NAME:</b> _____ <b>LIVES W/STUDENT:</b> (Y/N) _____ <b>ADDRESS:</b> _____ <i>If different from student's:</i> <b>HOME PHONE #:</b> _____ <b>CELL PHONE #:</b> _____ <b>WORK PHONE#:</b> _____ <b>EMAIL:</b> _____	<b>LAST NAME:</b> _____ <b>FIRST NAME:</b> _____ <b>LIVES W/STUDENT:</b> _____ <b>ADDRESS:</b> _____ <i>If different from student's:</i> <b>HOME PHONE #:</b> _____ <b>CELL PHONE #:</b> _____ <b>WORK PHONE #:</b> _____ <b>EMAIL:</b> _____
<input type="checkbox"/> Please check this box if there is a Non-Custodial Parent who requires a copy of this child's Report Card.	
<b>EMERGENCY INFORMATION: (Please provide 2 CHILLIWACK emergency contacts other than parents):</b>	
<b>CONTACT #1 LAST NAME:</b> _____ <b>FIRST NAME:</b> _____ <b>RELATIONSHIP:</b> _____ <b>HOME PHONE #</b> _____ <b>CELL PHONE #:</b> _____	<b>#2 LAST NAME:</b> _____ <b>FIRST NAME:</b> _____ <b>RELATIONSHIP:</b> _____ <b>HOME PHONE #</b> _____ <b>CELL PHONE #:</b> _____
<b>DOCTOR'S NAME:</b> _____ <b>Medical Alert (if applicable):</b> _____	<b>CARE CARD #:</b> _____
<b>ABORIGINAL ANCESTRY INFORMATION:</b>	
<input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Non-Status <input type="checkbox"/> Status – Off Reserve <input type="checkbox"/> Status – On Reserve	
Reserve of Residence: _____      BAND #: _____	
<b>ADDITIONAL INFORMATION:</b>	
_____ _____	
<b>PARENT/GUARDIAN SIGNATURE:</b> _____	<b>DATE SIGNED:</b> _____

